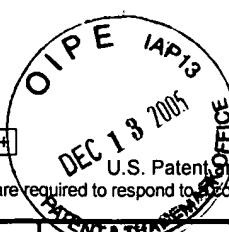


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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/743,534
		Filing Date	December 23, 2003
		First Named Inventor	ØSTERGAARD <i>et al.</i>
Total Number of Pages in This Submission		Group Art Unit	3672
		Examiner Name	D. Stephenson
		Attorney Docket Number	51402-223718

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name		*26694*
Signature	Eric J. Franklin, Reg. No. 37,134	26694
Date	12/23/05	PATENT TRADEMARK OFFICE

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b

on this date: Typed or printed name Signature Date

# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

DEC 13 2005  
PATENT & TRADEMARK OFFICE

TOTAL AMOUNT OF PAYMENT

(\$)

240

Complete If Known	
Application Number	10/743,534
Filing Date	December 23, 2003
First Named Inventor	Østergaard et al.
Examiner Name	D. Stephenson
Group / Art Unit	3672
Attorney Docket No.	51402-223718

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number

22-0261

Deposit Account Name

Venable LLP

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check     Credit card     Money Order     Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
1011	300	2011	150 Utility filing fee
1012	200	2012	100 Design filing fee
1013	200	2013	100 Plant filing fee
1014	300	2014	150 Reissue filing fee
1005	200	2005	100 Provisional filing fee
1081	250	2081	125 Utility App. Size Fee
1082	250	2082	125 Design App Size Fee
1083	250	2083	125 Plant App. Size Fee
1084	250	2084	125 Reissue App Size Fee
1085	250	2085	125 Prov. App Size Fee

SUBTOTAL (1)

(\$0)

### 2. EXTRA CLAIM FEES

Total Claims	-23 **	=	Extra Claims	X	Fee from below	Fee Paid
Independent Claims				X		
Multiple Dependent				X		

### Large Entity Small Entity

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2204	180	Multiple dependent claim, if not paid
1204	200	2204	100	** Reissue independent claims in excess of three
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$200)

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Fee Code	Lrg Ent Fee (\$)	Fee Code	Sm Ent Fee (\$)	Fee Description	Fee Paid
1111	500	2111	250	Utility Search Fee	
1112	100	2112	50	Design Search Fee	
1113	300	2113	150	Plant Search Fee	
1114	500	2114	250	Reissue Search Fee	
1311	200	2311	100	Utility Examination Fee	
1312	130	2312	65	Design Examination Fee	
1313	160	2313	80	Plant Examination Fee	
1314	600	2314	300	Reissue Examination Fee	
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2215	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	500	2452	250	Petition to revive - unavoidable	
1453	1,500	2453	750	Petition to revive - unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	
1502	800	2502	400	Design issue fee	
1503	1,100	2503	550	Plant issue fee	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
Other fee (specify)					

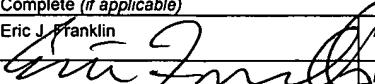
\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$40)

\*\*or number previously paid, if greater; For Reissues, see above

## SUBMITTED BY Complete (if applicable)

Name (Print/Type)	Eric J. Franklin	Reg No. Attorney/Agent)	37,134	Telephone	202-344-4000
Signature		Date	12/13/05		

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